Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	11-5-07	A del manue	1/12 11-11 15
Case #:	34433358	Address;	
County:	DAUTESS		LUM-SHEAK TON, JE)
· · · · · · · · · · · · · · · · · · ·			<u>475</u> 01
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
Chemic	ional Lab cal/Glasswarc/Equipment (only) ite (only)	Residence Outbuilding Uehicle	Hotel/Motel Open - No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Planmable Solvents: UEUS CLE			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s): YARD /TRASH.			
Corrosive Acid:			
Corrosive Base:			
	m and location):		
[_] Yes 2 (m √ No *If yes, fax repor	age 18 discovered (check one) umber present) ut to Child Protective Services	Retail/Moro	Pseudocphedrine Tracking Loghant Tip
This report is	to be faxed to the following agenc	ies that serve the loca	tion:
Fire Departme	mt: Washengow FD	Fax:	USU. NETONIA. 47501
Health Departs	ment: DAVEESS COUNTY	Fax: <u>813 - 25</u> 4-	8634
	on Service: <u>NA</u>	Fax: <u>wik</u>	•
For further information regarding this methamphetamine laboratory, contact avestigating Officer: John Humpipey Phone 613-662-5079			
This form is to be faxed to the Pire Department Health D.			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.